

<i>SERFF Tracking Number:</i>	<i>META-126767618</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46487</i>
<i>Company Tracking Number:</i>	<i>B10-38 AO (LW)</i>		
<i>TOI:</i>	<i>H11G Group Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H11G.005 Combined Short Term and Long Term</i>
<i>Product Name:</i>	<i>Group Accident and Health Insurance</i>		
<i>Project Name/Number:</i>	<i>G.24303-Cert.1NDC/B10-38 AO</i>		

## Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Group Accident and Health Insurance      SERFF Tr Num: META-126767618      State: Arkansas

TOI: H11G Group Health - Disability Income      SERFF Status: Closed-Approved-Closed      State Tr Num: 46487

Sub-TOI: H11G.005 Combined Short Term and Long Term      Co Tr Num: B10-38 AO (LW)      State Status: Approved-Closed

Filing Type: Form

Authors: Sandra Bennett, Ruth Rivera, Linda Williams

Date Submitted: 08/12/2010

Reviewer(s): Rosalind Minor

Disposition Date: 08/19/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: G.24303-Cert.1NDC

Project Number: B10-38 AO

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/19/2010

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 08/19/2010

Created By: Linda Williams

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Linda Williams

Filing Description:

Metropolitan Life Insurance Company

501 Route 22, Bridgewater Township, NJ 08807

Phone # 908 253-1250      Fax # 908 253-2528

aosuntogun@metlife.com

SERFF Tracking Number: META-126767618 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 46487  
Company Tracking Number: B10-38 AO (LW)  
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.005 Combined Short Term and Long Term  
Product Name: Group Accident and Health Insurance  
Project Name/Number: G.24303-Cert.1NDC/B10-38 AO

Re: Group Accident and Health Insurance Forms  
Form G.24303-Cert.1NDC  
Our NAIC No. is 65978  
Our FEIN is 13-5581829

Dear Sir/Madam:

We enclose for filing final printed copies of the group accident and health insurance form described below. This form is being filed to remove discretionary clauses. This form is new and does not replace any form previously filed with your Department.

Form No.	Description
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G.24303-Cert.1NDC	The referenced form is a certificate face page intended for use with the basic series of group disability income certificate Forms G.24303-Cert. et al. approved by your Department on September 30, 1996. The form is identical to the corresponding face page insert G.24303-Cert approved as part of the referenced G.24303 series, except that the text referring to discretionary authority has been removed.
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Text which is subject to variation has been indicated by brackets.

The enclosed policy form may be translated into a language other than English. Any such translation will be performed by a professional translation service, and we will obtain certification from such service that the form(s), as translated, are an accurate representation of the English language version(s). The non-English version of each policy form will include a disclosure in the foreign language indicating that the non-English version is a translation of an English language form, and that in any conflict that may arise between the English and translated versions, the English language version of the form will control.

The provisions of the enclosed form has no impact on group insurance rates. The attached actuarial memorandum and rate page have been included to support this.

Rates for disability income benefits are on file with the Department on pages 2.0 through 2.14.3, 2U-1 and 2L-1 through 2L-88 in Section II of MetLife's Group Insurance Rate Manual.

1. The forms will be marketed on a group basis to all eligible employees.
2. The form is intended for the market described in 1. above.
3. Normal underwriting procedures will be used.

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4. There are no limitations on the use of the forms for any agents or brokers.

5. There are no deviations from MetLife's usual retention.

If you have any questions or comments that you feel could best be handled by contacting me, please feel free to do so via telephone, fax or e-mail (see upper left-hand corner of the first page of this letter).

Very truly yours,

Ade A. Osuntogun

Michael F. Tietz  
Vice President

## Company and Contact

### Filing Contact Information

Adebukola Osuntogun, Consultant  
501 Route 22  
Bridgewater, NJ 08807

aosuntogun@metlife.com  
908-253-1250 [Phone] 1250 [Ext]  
908-253-2528 [FAX]

### Filing Company Information

Metropolitan Life Insurance Company  
MetLife  
1095 Avenue of the Americas  
New York, NY 10036-6796  
(212) 578-2211 ext. [Phone]

CoCode: 65978  
Group Code: -99  
Group Name:  
FEIN Number: 13-5581829

State of Domicile: New York  
Company Type: Life  
State ID Number:

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00

SERFF Tracking Number: META-126767618 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 46487  
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TOI: H11G Group Health - Disability Income Sub-TOI: H11G.005 Combined Short Term and Long Term  
Product Name: Group Accident and Health Insurance  
Project Name/Number: G.24303-Cert.INDC/B10-38 AO  
Retaliatory? No  
Fee Explanation: \$50.00 Per Form submitted for Approval.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company	\$50.00	08/12/2010	38753934

<i>SERFF Tracking Number:</i>	<i>META-126767618</i>	<i>State:</i>	<i>Arkansas</i>
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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Rosalind Minor	08/19/2010	08/19/2010

<i>SERFF Tracking Number:</i>	<i>META-126767618</i>	<i>State:</i>	<i>Arkansas</i>
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## Disposition

Disposition Date: 08/19/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Actuarial Memorandum	Approved-Closed	No
<b>Form</b>	Certificate Face Page	Approved-Closed	Yes

SERFF Tracking Number: META-126767618 State: Arkansas  
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Product Name: Group Accident and Health Insurance  
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**Post Submission Update Request Processed On 08/13/2010**

**Status:** Allowed  
**Created By:** Linda Williams  
**Processed By:** Rosalind Minor  
**Comments:**

**General Information:**

Field Name	Requested Change	Prior Value
Project Number	B10-38 AO	B10-28 AO



SERFF Tracking Number: META-126767618 State: Arkansas

Filing Company: Metropolitan Life Insurance Company State Tracking Number: 46487

Company Tracking Number: B10-38 AO (LW)

TOI: H11G Group Health - Disability Income Sub-TOI: H11G.005 Combined Short Term and Long Term

Product Name: Group Accident and Health Insurance

Project Name/Number: G.24303-Cert.1NDC/B10-38 AO

## Form Schedule

### Lead Form Number: G.24303-Cert.1NDC

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/19/2010	G.24303-Cert.1NDC	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Face Page	Initial		67.530	G.24303- Cert.1NDC.pdf



Metropolitan Life Insurance Company  
New York, New York 10010

**CERTIFICATE OF INSURANCE**  
**for the employees of**

**[XYZ, INC.]**  
**(called the [Employer])**

This is your Certificate of coverage for [Long Term Disability] Insurance as long as you are insured under This Plan. The Group Policy and this Certificate may be changed or canceled according to the terms, conditions and provisions of the Group Policy. This Certificate describes the benefits under the Plan in effect as of [June 1, 2007]. Any prior Certificate relating to the coverage set forth herein is void.

The Group Policy is delivered in and administered according to the laws of the governing jurisdiction.

Whenever a reference to "you " or "your" is made in this Certificate of Insurance, it means the covered [Employee]. Reference to "we", "us" or "our" means MetLife. Reference to "This Plan" means that part of the [Employer's] plan of employee benefits that is insured by MetLife.

Metropolitan Life Insurance Company,

A handwritten signature in black ink, appearing to read "C. Robert Henrikson".

C. Robert Henrikson  
Chairman, President and Chief Executive Officer

Group Policy No.: [5555555-6-LTD]

<i>SERFF Tracking Number:</i>	<i>META-126767618</i>	<i>State:</i>	<i>Arkansas</i>
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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	08/19/2010
<b>Comments:</b>		
Attached are the required Certifications.		
<b>Attachments:</b>		
ARCERTREAD.pdf		
ARCERTREG19 -AntiDisc.pdf		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Bypassed - Item:</b> Application	Approved-Closed	08/19/2010
<b>Bypass Reason:</b> Not Applicable to this filing submission.		
<b>Comments:</b>		



Metropolitan Life Insurance Company  
NAIC Company Number: 65978  
NAIC Group Number: 241

### ARKANSAS FLESCH CERTIFICATION

I certify that the form shown below has achieved the Flesch Reading Ease Score shown below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form No.	Form Description	Flesch Score
G.24303-Cert.1NDC	Group Disability Income Certificate Face Page	67.53

A handwritten signature in black ink, appearing to read "Michael F. Tietz".

Michael F. Tietz  
Vice President



Metropolitan Life Insurance Company  
NAIC Company Number: 65978  
NAIC Group Number: 241

**ARKANSAS CERTIFICATION**  
**Rule and Regulation 19**  
**Unfair Sex Discrimination in the Sale of Insurance**

I certify that this submission meets the provisions of Rule and Regulation 19, and all applicable requirements of the Arkansas Department of Insurance.

A handwritten signature in black ink, appearing to read "Michael F. Tietz".

Michael F. Tietz  
Vice President